Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5700	A. BUILDING 01 - SUNRISE OF ALBUQUER(B. WING _____	09/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF ALBUQUERQUE	4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 01	OPENING REMARKS Surveyor: 25921 The following deficiencies were cited as a result of an annual survey conducted on September 30, 2009, for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC	A 01		
A51	7 NMAC 8.2.51 Exits 7.8.2.51 EXITS: A. Each facility must have at least two (2) approved exits, that do not involve windows and which are remote from each other. At least one path of travel shall be provided that does not traverse any space exposed to unprotected vertical openings or common living spaces. B. Facilities with ten (10) or more residents shall have each exit clearly marked with signs having letters at least six inches (6") high whose principal strokes are at least 3/4 of an inch wide. Exit signs shall be visible at all times. C. Exits must be clear of obstructions at all times. D. Exits, exit paths, or means of egress shall not pass through hazardous areas, storerooms, closets, bedrooms, or spaces subject to locking. E. Sliding doors are not acceptable as a required exit. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have sliding doors as required exits. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.51 NMAC - Rn, 7 NMAC 8.2.51, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 7.1.10 Means of Egress Reliability 7.1.10.1 Means of egress shall be continuously maintained free of all obstructions or	A51	Ed Scanned 10-29-09 RECEIVED OCT 2009 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU	

Division of Health Improvement

Alan Sandoval Executive Director 10-23-09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5700	A. BUILDING 01 - SUNRISE OF ALBUQUER(B. WING _____	09/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF ALBUQUERQUE	4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A51	Continued From page 1 impediments to full instant use in the case of fire or other emergency. 7.1.10.2 Furnishings and Decorations in Means of Egress. 7.1.10.2.1 No furnishings, decorations or other objects shall obstruct exits, access thereto, egress therefrom, or viability thereof Based on observation and staff interview, the facility's practice failed to ensure means of egress are maintained free of obstructions and impediments to full instant use in case of fire or emergency, This efficient practice potentially affects all staff and residents. At the time of survey, the licensed capacity of the facility was 80 and the census was 62. The findings are: On September 30, 2009, between 9:00 am and 12:00 pm, during a tour with the Maintenance Supervisor, the Life Safety Code Surveyor observed the following. 1. There were five(5) chairs placed in front of the entrance/exit doors located in the Activates room. Each door was marked with an exit sign. These chairs completely blocked the path of egress. 2. The Maintenance Supervisor stated the chairs would be removed immediately.	A51	Responses to the cited deficiencies do not constitute an admission or an agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law. **A 51 7 NMAC 8.2.51 (Exits)** **1. What steps will be taken to correct the situation.** The chairs have been removed from the exit doors located in the Activity Room. A sign has been placed advising all staff that the exit doors are not to be blocked. **2. Who will monitor for continued compliance.** The Activity Coordinator and Maintenance Coordinator will be charged to insure that the exit doors will not be blocked. The ED will monitor during every morning department head meeting held in the Activity Room.	9/30/09
A60	7 NMAC 8.2.60 Fire Alarms, Smoke Detectors, and other Equip 7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: A. FIRE ALARM SYSTEM: A manual fire alarm system shall be provided. The manual fire alarm must be inspected and approved in writing	A60		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5700	A. BUILDING 01 - SUNRISE OF ALBUQUER(B. WING _____	09/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF ALBUQUERQUE	4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A60	Continued From page 2 by the fire authority having jurisdiction. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire alarm system. B. SMOKE AND HEAT DETECTION: Approved smoke detectors shall be installed on each floor to provide when activated an alarm which is audible in all sleeping areas. Areas of assembly such as the dining and living room must also be provided with smoke detectors. (1) Detectors shall be powered by the house electrical service and have battery back up. (2) Construction of new facilities or facilities remodeling or replacing existing smoke detectors shall provide detectors in common living areas and in each sleeping room. (3) Smoke detectors must be installed in corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.60 NMAC - Rn, 7 NMAC 8.2.60, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on observation and staff interview, the facility's practice failed to ensure that the fire alarm strobes are maintained to synchronize to flash together in accordance with NFPA 72 (National Fire Alarm Code) and NFPA 70 (National Electric Code). This deficient practice potentially affects all staff, residents, and visitors throughout the facility. At the time of survey, the licensed capacity of the facility was 80, and the census was 62. The findings are: On September 30, 2009, between 9:00 am and	A60		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5700	A. BUILDING 01 - SUNRISE OF ALBUQUER(B. WING _____	09/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF ALBUQUERQUE	4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A60	Continued From page 3 12:00 pm, during a tour of the facility with the Maintenance Supervisor, the surveyor observed the following: 1. During a fire drill that was conducted at 10:45 am, the fire alarm strobes throughout the building were not synchronized to flash together when two or more strobes are visible from any location. 2. The Maintenance Supervisor stated that the strobes would be corrected.	A60	**A60 7 BNMAC 8.2.60 Fire Alarms, Smoke Detectors, and Other Equip** **1. What steps will be taken to correct the situation.** The Maintenance Coordinator has contacted the facility fire alarm company to correct the synchronization of the strobe lights. The fire alarm company has been authorized by the Executive Director to proceed. **2. Who will monitor for continued compliance.** The Maintenance Coordinator will advise the alarm company to check the synchonization of the strobe lighting whenever the alarm system is tested. If they are not in synchronization, they will be directed to correct.	10/22/09
A61	7 NMAC 8.2.61 Automatic Fire Protection (sprinkler) System 7.8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM: Where an automatic fire protection (sprinkler) system is installed for total or partial coverage, the system shall be in accordance with NFPA 13 or NFPA 13D as applicable. [4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on observation, record review and staff interview, the facility failed to ensure the sprinkler system was maintained and inspected in accordance with NFPA 25, (Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems) and NFPA 13, (Standard for the Installation of Sprinkler Systems) for the Five(5) year inspections of the stand pipe and gauges.. This deficient practice had the potential to affect residents, staff and occupants of the facility. The licensed capacity of	A61		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5700	A. BUILDING 01 - SUNRISE OF ALBUQUER(B. WING _____	09/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF ALBUQUERQUE	4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A61	Continued From page 4 the facility was 80. The census during the survey was 62. The findings are: On September 30, 2009, Between 9:00 am and 12:00 pm, during a review of the facilities documentation with the Maintenance Supervisor, the Surveyor observed the following: 1. The sprinkler inspection document dated 10/31/08, showed that the last testing of hydrostatic testing the sprinkler stand pipe(which is required to be performed every five(5) years) was unknown. 1a. The Maintenance Supervisor stated at this time he had not seen any documentation for the testing since his arrival as Maintenance Supervisor in October of 2008. 2. There was no evidence of documentation for the testing, calibration or replacement of the gauges(which is required every five(5) years) available for review at this time. 2a. The Maintenance Supervisor stated that he would find out about the testing dates and documentation, or have the work preformed.	A61	**A61 7 BNMAC 8.2.60 Automatic Fire Protection (Sprinkler) System** **1. What steps will be taken to correct the situation.** The fire alarm company contracted by the facility was requested to test the sprinkler stand piping system. They have reported that the facility does not utilize a sprinkler stand piping system; however, all other required testing of systems is on-going at the required times. **2. Who will monitor for continued compliance.** No further action necessary.	10/22/09